| | | | | | | | | | Octob |
|------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------|----------------------------------------------|--------------------|-----------------------------------------|---------|--------------------|------------------------|-------|
| PATENT APPLICATION FEE DETERMINATION RECO | | | | | Application or Docket Number 09/581593 | | | | |
| CĹ | AIMS AS FILED | | | SMA | LL ENTIT | | | | - |
| FOR | (Column 1) | | R EXTRA | | ε 🗀 | OF | | ER THAN LENTITY | |
| BASIC FEE | | | | RAT | | | RATE | FEE | 7 |
| | _2) / minu | | T No Mark | | | OF | | 844 | 4 |
| TOTAL CLAIMS | 100 | | | X\$ 9 | - | OF | X\$18= | 1918 | 1 |
| EDEPENDENT CLAIMS FULTIPLE DEPENDENT | CI AIM ODESENT | s 3 = | | X39= | : | ОЯ | X78= | 770 | 7 |
| | | | <u>. </u> | +130: | | OR | +260= | | 1. |
| If the difference in colo | umn 1 is less than 2 | tero, enter "()" in | column 2 | TOTAL | | ОЯ | TOTAL | 105 | ∜ |
| | IS AS AMENDE | | | | | | | RTHAN | 9 |
| CL | umn 1) AIMS | (Column 2) | (Column 3) | SMAL | L ENTITY | | SMALL | ENTITY | 1 |
| REM A AME | LAINING FTER IDMENT | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | TIONAL FEE | | RATE | ADDI- TIONAL FEE | 1 |
| AMEN Total • Independent • 1 | Mimus | . 21 | - 17 | X\$ 9= | | OR | X\$18= | 306 | |
| Independent • FIRST PRESENTATION | Minus | /3 | - 63 | X39= | 1 | OR | X78= | 516 | H |
| THING THESENIANC | N OF MULTIPLE DE | PENDENT CLAIN | | +130= | | OR | +260= | | - |
| 2774 | | | | TOYA | | - | TOYAL | - | 20 |
| | ımn 1) | (Column 2) | (Column 3) | ADDIT. FEI | | 30 | ADOIT, FEE | <u> </u> | 2 |
| HEW | AIMS AIMING TER | HIGHEST NUMBER | PRESENT | | ADDI- | 1 | | ADDI- | 7 |
| AMEN | MANUEL PROPERTY | PREVIOUSLY | EXTRA | RATE. | TIONAL FEE | | RATE | TIONAL FEE | |
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| FIRST PRESENTATIO | Minus | PENDENT CLASS | | X39= | | OR | X78= | | 276 |
| 1 | · · · · · · · · · · · · · · · · · · · | C.TOERT CLAIM | | +130= | | OR | +260= | - | - |
| • | | | | TOTAL | | CP | TOTAL | | E |
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| AMENC | MENT WHAT | PAID FOR | | | FEE | | | FEE | 1 |
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| f the entry in column 1 is les If the "Highest Number Previ If the "Highest Number Previ | lously Paid For IN THIS | SPACE is less than | 20, enter "20." | TOTAL ADDIT FEE | | OR | TOTAL DOIT, FEE | | • |
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